



**DEPARTMENT OF ENVIRONMENTAL PROTECTION  
GROUP VOLUNTEER APPLICATION**

**If your group would like to volunteer its services or time with our department, please fill out the information and send it to the appropriate office or facility.**

Group Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Address/Town/Zip \_\_\_\_\_

Group Coordinator \_\_\_\_\_  
(Please Print)

Coordinator's Telephone # - Home \_\_\_\_\_ Work \_\_\_\_\_

If available, Coordinator's Email Address: \_\_\_\_\_

Print the names and addresses of the members of the group who will be volunteering:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, please attach a second sheet to application form)

How did the group learn of the volunteer opportunity at DEP? \_\_\_\_\_

Has the group volunteered at DEP before? \_\_\_\_\_ Where \_\_\_\_\_

When \_\_\_\_\_ Tasks Performed \_\_\_\_\_

Please indicate the type of activity in which your group is interested (indoor or outdoor, clerical, artistic, research, forestry, environmental health, writing, highway/river cleanup, recycling, interpretive education, etc.)

How much time can your group devote to this activity? \_\_\_\_\_ hr/wk \_\_\_\_\_ hr/month

Availability: Weekdays \_\_\_\_\_; Evenings \_\_\_\_\_; Weekends \_\_\_\_\_  
(Please specify days and/or times when available)

Location(s) preferred \_\_\_\_\_  
(By order of first choice)

Is the group willing to travel to various locations? \_\_\_\_\_

Is there liability insurance in place under the organization's name?

\_\_\_\_ Yes \_\_\_\_ No If yes, does this include: \_\_\_\_ Officers Only \_\_\_\_ All Members

If yes, please explain the nature of the coverage (i.e., does it cover injuries sustained by members of your group? Does it cover personal injury to non-members? Does it cover property damage?)  
If yes, please provide the renewal date of the policy.

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On behalf of \_\_\_\_\_ (Group name), I certify that: (1) the information on this application is correct; (2) we understand that the first month of volunteer work for the DEP will be considered a trial period for \_\_\_\_\_ (Group name), as well as the DEP; and (3) the members of \_\_\_\_\_ (Group name) that act as volunteers for DEP will review and abide by those policies, directives and laws that are provided to them either orally or in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Group Coordinator)

The DEP is an affirmative action/equal opportunity employer, providing programs and services in a fair and impartial manner. In conformance with the American with Disabilities Act, DEP makes every effort to provide equally effective services for persons with disabilities.